

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G50411

FILED
Apr 08, 2009
Secretary of State

Entity Name: CORE SALES CORP.

Current Principal Place of Business:

19195 MYSTIC POINTE DR., #510
AVENTURA, FL 33180

New Principal Place of Business:

19195 MYSTIC POINTE DR., #510
#510
AVENTURA, FL 33180

Current Mailing Address:

19195 MYSTIC POINTE DR., #510
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 59-2310104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, RALPH
19195 MYSTIC POINTE DRIVE #510
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

COHEN, LYDIA
19195 MYSTIC POINTE DRIVE #510
#510
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYDIA COHEN

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, RALPH
Address: 19195 MYSTIC PT DR #510
City-St-Zip: AVENTURA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, RALPH
Address: 19195 MYSTIC PT DR #510
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH COHEN

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date